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Promotion and protection of the rights of the children: follow-up to the outcome of the special session on children

Follow-up to the special session of the General Assembly on children

Report of the Secretary-General

Summary

In 2002, at its historic special session on children, the General Assembly approved "A world fit for children" (resolution S/27-2, annex), a set of commitments made to the world's children by Member States. In its resolution 58/282 the Assembly requested the Secretary-General to regularly present a report on progress achieved in implementing the Declaration and the Plan of Action.

Five years later, at a commemorative high-level plenary meeting of the Assembly held from 11 to 13 December 2007, Member States reaffirmed their commitment to the full implementation of the Declaration and the Plan of Action contained in the "World fit for children" document. Member States called for a "collective sense of urgency" in pursuing the goals set out by the world fit for children document. They held that "by giving high priority to the rights of children, to their survival and to their protection and development, we serve the best interest of all humanity".

The present report, using the best available data at the time of writing, assesses the steps taken in 2008 to achieve the world fit for children goals and highlights gaps as well as the strategic shifts necessary to meet the unmet goals. The year under review posed unique challenges from the combined effects of the fuel, food and finance crises, which reversed or slowed progress in achieving these goals. Member States had to stretch their already pressed resources to keep the world fit for children goals in focus. In the current and the remaining few years of what constitutes the world fit for children decade, both good policy and effective action will determine whether the reality for children changes for the better.

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The fulfilment of world fit for children goals is intrinsic not only to achieving the Millennium Development Goals and other internationally agreed development goals but also to the stability and future of the global community. As the analysis presented in the following pages shows, without greatly strengthened efforts to reduce disparities in children's access to their rights and opportunities, the Assembly's promise to children of a world that is fit for them will remain unfulfilled.

I. Introduction

1. At the historic special session of the General Assembly on children, which was held from 8 to 10 May 2002, delegations from 190 countries adopted the Declaration and Plan of Action set out in the document entitled "A world fit for children" (resolution S-27/2, annex). The outcome document committed Governments to a time-bound set of goals for children and young people, with a particular focus on (a) promoting healthy lives; (b) providing quality education; (c) protecting children against abuse, exploitation and violence; and (d) combating HIV/AIDS.

2. The commemorative high-level plenary session of the General Assembly held from 11 to 13 December 2007 reaffirmed the commitment of Governments to the full implementation of the Declaration and the Plan of Action contained in the world fit for children document. The Member States welcomed the voices and the views of children and adolescents, heard at the commemorative plenary meeting, and agreed to strive to strengthen their participation in the declaration that affects them, in accordance with their age and maturity. The session noted that despite progress in a number of areas, many challenges persist.

3. At the start of 2008, it was sobering to know that by the year's end, more than 9 million children would succumb to early death; 75 million children would still be prevented from attending primary school and 182 million would not have access to secondary school; over 200 million would find their physical and intellectual growth impaired due to inadequate nutrition and lack of health care and early stimulation; children in four countries would still be at risk of being incapacitated by poliomyelitis; and 500,000 mothers would die during childbirth, leaving a gaping hole in the lives of the children they left behind.

4. The present report follows previous reports[1] and assesses the progress made during 2008 in achieving the world fit for children goals, many of which correspond with and complement the United Nations Millennium Declaration (resolution 55/2) and the Millennium Development Goals, almost all of which address and affect the rights of children.

5. The year 2008 was exceptionally challenging for the world as a whole, with the global financial crisis and economic slowdown affecting developed and developing regions alike. Added to the challenges was the near certainty that the crises would plunge millions more children into poverty and accentuate the already existing deprivations.

6. To fulfil their commitments to world fit for children goals, with renewed political will Governments worked to improve planning, policies and programmes and promote the shared responsibility of parents, families and society as a whole to promote the survival, protection and development of children. By giving high priority to the rights of children, as Governments noted at the commemorative session, the best interest of all humanity is served.

7. Children are often most vulnerable to adverse effects from environmental hazards. As the climate changes, environmental hazards are likely to increase and

[1] Annual reviews of progress were presented at the fifty-eighth session (A/58/333), the fifty-ninth session (A/59/274), the sixtieth session (A/60/207), the sixty-first session (A/61/270), the sixty-second session (A/62/259) and the sixty-third session (A/63/308) of the General Assembly.

children are likely to suffer disproportionately from these changes. Anticipated direct health consequences of climate change include: injury and death from extreme weather events and natural disasters; increases in climate-sensitive infectious and water-borne diseases; increases in air pollution-related illnesses; and heat-related, potentially fatal stress. Within all of these categories, children face increased vulnerabilities compared with other groups.

II. Progress in follow-up to the special session of the General Assembly on children

A. Planning for children

8. The highest priority was given to planning and formulating programmes for children to address barriers to accessing services, and expanding coverage rates for essential services. To address that process, up-to-date information and analysis were needed. Child-focused analysis by age, gender and other sources of disparity was undertaken in more than 60 programme countries. Specific evidence, highlighted by intensified advocacy, facilitated improved national plans, policies, and programmes. By the end of 2008, at least 85 programme countries had a national development plan, a poverty reduction strategy, or a transition plan addressing key challenges for children and women and for gender equality.

9. National and subnational planning was reoriented in support of decentralization, children's integration in subnational planning, monitoring and evaluation mechanisms, and strengthened local governance. Implementation strategies emphasized equity, efficiency, accessibility and accountability in the delivery of services, to produce results for children. Collaboration with municipalities on social inclusion and creating child-friendly cities received greater support. The fastest expansion took place in Latin America, where in 2008 around 20 per cent of the approximately 16,000 municipalities implemented integrated child-oriented approaches. In the Asia-Pacific region, where many countries are falling behind in achieving the Millennium Development Goals, United Nations entities set up a joint programme of support on improving local service delivery for the Millennium Development Goals in Asia.

10. Stronger evidence also influenced the rapid response to emerging needs. Specifically in response to the food security crisis, evidence gathered on nutritional deterioration in approximately 25 countries enabled Governments and partners to prioritize infant and young child feeding initiatives, and support targeted complementary feeding programmes for young children, along with the increased use of multiple micronutrient powders. Multi-micronutrient supplementation is now a standard intervention in emergencies.

11. In the context of economic crises in 2008, priority was given to reducing disparities and making programme interventions more effective and affordable. The School Fee Abolition Initiative, which began in 2005, gained wider support as did other interventions such as cash transfers, and free school meals, uniforms and textbooks. Recognizing the greater impact economic hardship had on girls' access to schools, the multi-agency partnership of the United Nations Girls' Education Initiative focused on building evidence and providing technical support for greater mainstreaming of gender and girls' education in national education sector plans.

12. The designation of 2008 as the International Year of Sanitation put a much-needed global focus on promoting improved sanitation and hygiene. The first annual Global Handwashing Day helped to raise this simple and effective behavioural practice to global acceptance, with 200 million school children joining in. The impact of the International Year of Sanitation was seen in the higher priority given to sanitation within national planning instruments, increased resource allocations for sanitation, improved policy and legislation and community-led delivery mechanisms.

B. Promoting the processes of the Convention on the Rights of the Child

13. The year 2009 marked the twentieth anniversary of the Convention on the Rights of the Child, implementation of which has made an unmistakable impact on child rights. A whole generation of children and young people in all regions has grown up under its provisions. Child survival, development, protection and participation have been integral to the implementation of the Convention, and the reporting process has enabled Governments to be responsive as well as accountable for progress. In many countries, the Convention has strengthened or set in motion a process of social change in favour of children's best interests and encouraged Governments to adopt other protocols and agreements that bear closely on children's issues.

14. In 2008, lending further support to the Convention on the Rights of the Child, the legislative reform and policy measures in many countries from all regions were energized. Governments continued to focus on legal, judicial and institutional reform to bring their systems more in line with internationally accepted norms of juvenile justice, to make the judicial process more child- and gender-sensitive and to develop norms and systems for non-institutional alternative care of children. Significant new legislation on domestic violence, corporal punishment, sexual violence, sexual exploitation and trafficking was enacted in a number of countries. To improve enforcement and monitoring, information-gathering mechanisms were created or strengthened. Within countries, in some cases actions were taken to address the rights of ethnic groups, minorities and indigenous people.

15. By the end of 2008, 130 countries had ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and 124 had signed the Optional Protocol on the involvement of children in armed conflict. There was also progress in the reporting and monitoring process of the Convention and in implementing the actions recommended by the Committee on the Rights of the Child. The Committee in 2009 adopted two new general comments, No. 11 and No. 12, on indigenous children and their rights under the Convention and the right of the child to be heard. The Human Rights Council held a full-day discussion on the rights of the child during the Council's tenth session, in March 2009.

16. Overall, although most Governments are moving in the required direction to ensure better compliance with the Convention on the Rights of the Child and develop pro-child policies and systems, both enforcement and outreach need to be strengthened to ensure the rights of all children. The twentieth anniversary celebrations for the Convention on the Rights of the Child are focusing on

highlighting the challenges faced in ensuring the dignity of the child, providing the child with full possibilities for development and facilitating dialogue between adults and children in accordance with the participatory principles of the Convention relating to participation.

C. Collaboration and leveraging resources for children

17. Evidence from previous decades suggests that financial crises and economic slowdowns severely diminish the fiscal space of the public sector, creating pressure to reduce spending on basic social services, such as basic education and health care for children. Field reports for 2008 noted how the international crises made it more difficult to finance development programmes and poverty reduction efforts. Children were especially hard hit by the global crises and declining household incomes. Countries from all regions noted the effects of falling income in reduced food intake, nutrition, access to health care, school enrolment and attendance, and child protection. The crises also posed a heightened risk that households would resort to harmful coping strategies.

18. To prevent resource erosion for children's programmes, proactive advocacy was undertaken at strategic political, aid and sector forums, with tangible results. The health sector, for instance, achieved unprecedented leveraging of funds for certain national programmes. Working through the Roll Back Malaria initiative, the eighth round of the Global Fund to Fight AIDS, Tuberculosis and Malaria mobilized over $2 billion for sub-Saharan Africa, in addition to the $100 million mobilized through the International Drug Purchase Facility (UNITAID). In support of polio eradication efforts, over $130 million was mobilized for supplementary immunization activities.

19. At the Doha Follow-up International Conference on Financing for Development to Review the Implementation of the Monterrey Consensus, held in 2008, the United Nations Children's Fund (UNICEF), the United Nations Development Fund for Women and the International Monetary Fund (IMF) jointly convened a side event to stress the importance of sustaining public investments in children through stronger national commitments and international collaboration at times when the purchasing power of families was weakening. The deliberations, which indicated how children and women could be protected at times of crisis, were informed by the positive experiences of the Governments of China, Ecuador, Kenya and Morocco in making budgets work for children.

20. To buffer the economic shocks for families and children in poverty, many Governments prioritized social protection. In 38 countries, social protection initiatives have progressed under the strong leadership from Governments, with the support of international partners. Social protection needs-analyses led to piloting or expansion of cash transfer programmes and initiatives in dozens of countries, including in Africa and Asia. Eliminating service fees for health, birth registration and other services, in addition to the abolition of school fees, were some of the ways in which families were supported.

21. The onus to expand the fiscal space for children lies both with Governments and with development finance entities. In 2008, net disbursements of official development assistance increased by 10.2 per cent, to $119.8 billion. This was the highest dollar figure ever recorded and represented 0.3 per cent of developed

countries' combined gross national income.[2] Nevertheless, though the aid trends for 2008 were positive, they still fell short of commitments.

22. With increased vulnerability becoming the focus of global efforts in the shaky economic environment of 2008, the United Nations agencies, IMF, the World Bank and others worked together to advocate for continued support to the Millennium Development Goals, and through the Goals to promote fulfilment of the needs of children along with those of women. Dialogue with Governments addressed the need to focus on strategic partnerships for capacity development and the use of subnational data to guide investments that address disparities. In Africa, HelpAge International added its voice in support of the inclusion of social protection in the Social Policy Framework adopted by the 2008 ministerial meeting of the African Union. In Latin America and other regions, parliamentarians, ministries of finance and other advocates for children have developed plans to make national budgets child-friendly, with greater attention paid to social sectors.

23. Promoting children's rights has always rested on the collaborative efforts of Governments, intergovernmental and non-governmental organizations and civil society. These partnerships became more critical to child rights efforts in the difficult context of 2008. The corporate sector globally and in several countries partnered with Governments to promote child rights. Under the tagline "Don't let child abuse travel", the World Tourism Organization partnered with the International Labour Organization (ILO) and UNICEF, along with associations of the tourism industry and civil society organizations in the launching of the awareness-raising campaign for the protection of children against exploitation in travel and tourism. Many child rights groups joined with the media to advocate with parliamentarians and leaders on child rights. In the European Union, for instance, Eurochild and the European Children's Network (EURONET) jointly developed a manifesto, "Make children's rights a priority", targeted to candidates to the European Parliament. Other mechanisms, including child rights observatories in Latin America, continue to be used for advocacy with elected officials.

D. Monitoring progress

24. Supporting national and global monitoring efforts, the statistical tools of the Multiple Indicator Cluster Survey, the Demographic and Health Survey and DevInfo saw much wider application. Along with DevInfo, which is now in use in 121 countries, the Multiple Indicator Cluster Survey and the Demographic and Health Survey are the most important tools used to collect child-centred data for tracking progress towards the indicators for the objectives of the world fit for children and the Millennium Development Goals and informing policy decisions. The monitoring and analysis of related indicators are supported by a range of United Nations agencies. By the end of 2008, about 50 reports for the third round of the Multiple Indicator Cluster Survey had been completed by participating countries, and 221 specific DevInfo databases had been published by Governments and various organizations.

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[2] *Millennium Development Goals Report 2009* (United Nations publication, Sales No. E.09.I.12), p. 48.

25. Among newer initiatives is an effort by Johns Hopkins University to develop a user-friendly software package that will allow countries to estimate the impact of various child survival interventions on under-five mortality. Several African countries began to deploy Public Expenditure Tracking Surveys as a tool to monitor and close chronic gaps in public budget implementation, and to assess whether public expenditures aimed at supporting young children actually reach them. Instant messaging and other innovative communication technologies have given new dimensions to monitoring and responding to emergencies. Graduate students from Columbia University, for instance, jointly with UNICEF developed RapidSMS, a system that uses mobile phones and SMS text messages to collect data from field locations. The system, piloted in Malawi, has the potential to facilitate early warning, monitoring and timely response for children.

E. Participation and self-expression of children

26. The world today has the largest cohort of young people in history, with about 87 per cent of those between 15 and 24 years of age living in developing countries. They and their counterparts in developed countries are the major stakeholders in the world's future. The World Fit for Children Declaration at the 2007 commemorative high-level plenary meeting especially noted the potential of children to make a difference in achieving positive and sustainable development outcomes, and invited their participation in building a world fit for children.

27. In 2008, children and young people made their presence felt in key international forums. These included the Junior 8 Summit, a complementary event to the Group of Eight Summit, in Japan, the fourth Global Partners Forum on Children Affected by HIV and AIDS, in Ireland, the international conference marking the thirtieth anniversary of the Alma Ata Declaration on Primary Health Care, in Kazakhstan, and the World Congress III against Sexual Exploitation of Children and Adolescents, in Brazil.

28. In about a quarter of programme countries, girls and boys have participated meaningfully in the most recent Convention on the Rights of the Child reporting process. More countries have set up sustained mechanisms for seeking youth views and involvement in national policy approaches. Where such mechanisms exist, they are enabling young people to influence issues that affect them. Common avenues for seeking views are youth forums, parliaments, consultations, opinion polls, national debates and media events, including child broadcast days. The Internet offers young people new ways to speak to each other and share their concerns. The Voices of Youth and SpeakAfrica are Internet sites for young people that provide opportunities to discuss key issues affecting children and feed into various forums. In addition to these initiatives, much more needs to be done to include excluded children and youth in the mainstream and alternative media.

III. Progress in the four major areas of "A world fit for children"

A. Promoting healthy lives

29. Promoting healthy lives for children, as indicated by world fit for children health goals, entails health-care provision from birth through adolescence and youth, involving strategies that ensure their survival, growth and development. Efforts towards these goals in 2008 were shaped by the challenges of accelerating efforts for promoting child survival goals, including Millennium Development Goal 4, in a context of greater nutritional vulnerability of children.

30. Although deaths in children under five in developing countries had declined by 28 per cent[3] between 1990 and 2007, the progress remained uneven. Africa still bore the greatest burden of child deaths (52 per cent) followed by 14 Asian countries where 41 per cent of all annual deaths among children under five years occur. About 51 per cent of the child deaths, attributed to just five diseases (pneumonia, diarrhoea, malaria, measles and AIDS, with diarrhoea and pneumonia together accounting for about 36 per cent), were preventable, making this loss of young human life indefensible. Malnutrition as an underlying cause tends to further increase the vulnerability of children. Closely linked to healthy lives for children is support for nutrition for women and safe motherhood.

31. Routine immunization services, even with higher coverage, were unable to reach an estimated 24 million children below the age of one, and about 40 million pregnant women. Immunization coverage fell most in countries dealing with emergencies and economic crisis. The world fit for children target of 90 per cent coverage for immunization against diphtheria, polio and tetanus (DPT3) by 2010 (from the present 82 per cent in 2007) will require considerable acceleration of immunization. Compared to the 1.9 per cent annual rate of reduction in under-five child mortality achieved since 1990, achieving Goal 4 globally will require an average annual rate of reduction of 9.6 per cent between 2008 and 2015.

32. The combined effects of high basic food prices, reduced household income and greater world hunger worsened children's nutritional security.[4] Severely malnourished children in larger numbers were noted by many countries, in some cases with a dramatic rise in hospital admissions. Declining disposable income leading to limited food intake and health-care spending was also reported, with likely a greater impact on girls than boys due to chronic gender inequity. Undernutrition, a cause of more than one third of annual under-five deaths worldwide, remains a challenge. At the current average rate of reduction in underweight prevalence of 1.4 per cent, progress on child nutrition is insufficient to meet the 2015 target.[5]

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[3] In 2007, the global under-five mortality rate was 67 deaths per 1,000 live births, down from 93 in 1990. In the developing countries, the rate dropped from 103 per 1,000 live births in 1990 to 74 in 2007. (*Millennium Development Goals Report 2009*, p. 24.)

[4] The prevalence of hunger in the developing regions rose from 16 per cent in 2006 to 17 per cent in 2008; 860 million people were living with hunger in 2008. (*Millennium Development Goals Report 2009*, p. 4.)

[5] *Millennium Development Goals Report 2009*, p. 4.

33. Maternal survival has shown the least progress among health indicators. Worldwide, there were an estimated 400 maternal deaths per 100,000 births in 2005, down from 430 deaths per 100,000 in 1990. Nearly 1,500 women die every day from causes related to pregnancy and childbirth, leaving infants and children more at risk of death and illness, denying them also the gains that accrue from maternal nurturing. About 4 in 10 of all births worldwide remain unassisted by skilled health personnel. Sub-Saharan Africa and South Asia, with the lowest levels of skilled birth attendance, contribute most to maternal mortality. Rural and poor urban women, in particular, lack access to essential obstetrics and emergency care. Existing data suggest that to reach the Millennium Development Goals target, the global maternal mortality ratio would have to fall by an average of 5.5 per cent a year between 1990 and 2015, compared with the current average annual rate of reduction of less than 1 per cent. Vulnerability of adolescent girls, child marriage and sexual violence are among the key issues to be addressed as a priority in a number of regions. Without extraordinary measures, the world will fall far short of the target for maternal mortality reduction.

34. Nevertheless, there are reasons to remain optimistic. Among the positive factors is the continuing decline in deaths from measles (74 per cent reduction in 2007 from 2000) and its strongest reduction in sub-Saharan Africa and the Eastern Mediterranean countries. Increased efforts in 2008 achieved remarkable coverage levels in measles immunization in countries with some of the greatest remaining burden from the disease. The percentage of newborn children protected against tetanus at birth increased to 81 per cent globally. The expanded tetanus toxoid vaccination efforts reached over 37 million women of reproductive age in high-risk settings in 25 countries, and succeeded in eliminating maternal and neonatal tetanus in Bangladesh and in two states in India. A total of 138 countries had introduced the *Haemophilus influenzae* type B vaccine into their infant immunization schedules by the end of 2008, contributing to a promising potential of reduced deaths and illnesses. To cover the "last mile or inch" for eradicating polio, greater efforts, undertaken in the four remaining endemic countries (Afghanistan, India, Nigeria and Pakistan), led to unprecedented levels of community support for vaccination. Even in difficult geopolitical settings, some countries immunized nearly every child under five against polio, while others carried out unprecedented integrated health promotion campaigns.

35. Other high-impact cost-effective interventions, including vitamin A supplementation, de-worming, growth monitoring and distribution of insecticide-treated mosquito nets, continued to gain support in national health strategies. Considerably higher support to combat malaria had ripple effects on strengthening other health interventions. The renewed international funding in malaria is acting as a spearhead, helping to create demand for, increase and strengthen other health services, especially community case management of diarrhoea and pneumonia.

36. To accelerate progress in maternal and child survival and development, health promotion strategies focused on implementing the continuum of care approach, which ensures improved maternal and newborn child health care and delivery of health around a primary integrated health-care model. United Nations agencies and the World Bank, through a joint support programme set up in 2008, helped Governments to scale up efforts, especially in the 25 countries with the highest burden of maternal mortality. Governments in all regions lent increased support to implementing maternal and newborn child health care and the total health package

of services, and framed new policy guidelines to improve maternal and newborn child health care and strengthen provisions for mothers, newborns and children. Several countries in Africa developed costing of national health plans and medium-term expenditure frameworks for reaching the health-related world fit for children goals and Millennium Development Goals,[6] and 11 Asian countries developed investment plans to enable the integration of essential high-impact interventions into national plans and budgets. Country compacts were put in place to address the practical bottlenecks to strengthening health systems overall and to reducing disparities in coverage.

37. Nutrition promotion efforts and resources focused on rapid expansion of programmes to treat severe acute malnutrition in the community, intensifying protection and promotion of breastfeeding, strengthening complementary feeding programmes through increased use of multi-micronutrient powders, increased vitamin A supplementation and expanded coverage of salt iodization. Governments in 42 countries drafted or finalized guidelines and formulated national action plans to increase and integrate treatment of severe acute malnutrition within the regular health system. Targeted complementary feeding programmes also yielded results in terms of greater knowledge and practice of appropriate breastfeeding and complementary feeding. The use of therapeutic foods, including Plumpy'nut, grew globally by 63 per cent over 2007.

38. Conveying information on critical care practices to communities is vital to child survival and development. National programmes that promote good parenting and have specific strategies to reach marginalized children and families are now in place in 61 countries, and national development plans include targets for scaling up improved family and community care practices in 71 countries. This is a small increase over 2007. Much more effort is required to significantly enlarge the roles, responsibilities and ownership of communities and families in health, nutrition and sanitation promotion. In reaching out to the community, a key role continues to be played by Child Health Days, which were held in 34 countries in 2008 and by health campaigns undertaken in another 24 countries.

39. Child survival and development continued to be hampered in 2008 by poor progress in water, sanitation and hygiene. The world is on track for the Millennium Development Goals[7] water target and off track for the Millennium Development Goals sanitation target. An estimated 884 million people live without access to improved drinking water and about 2.5 billion people without improved sanitation facilities. Africa is the region most off-track for both the water and sanitation targets, while South Asia accounts for the majority of people without sanitation.

40. In 2008 there was heightened support for the water, sanitation and hygiene sector. In all, 99 countries incorporated explicit measures for achieving the water, sanitation and hygiene targets into their national development plans. New national water, sanitation and hygiene policies were adopted, in some cases as an integral

[6] The application of Marginal Budgeting for Bottlenecks, a tool for evidence-based planning, costing and budgeting expanded in Africa under the inter-agency framework of Harmonization for Health in Africa, contributing to improving the quality of sectoral strategies for Millennium Development Goals.

[7] Millennium Development Goals require halving the proportion of people without access to safe drinking water and basic sanitation by 2015 (compared to 1990), and the world fit for children target requires a one-third reduction by 2010.

part of a new national poverty reduction strategy paper. Nearly 40 per cent of programme countries now have a national communication programme that promotes hand-washing with soap, while 43 per cent of countries have a medium-term expenditure framework (or equivalent) that includes dedicated budget lines for sanitation and hygiene.

41. The majority of schools in developing countries do not have adequate water, sanitation and washing facilities. This lack affects the health of children and contributes to low school attendance and educational performance levels, especially for girls. Initiatives for water, sanitation and hygiene in schools drew much greater support in 2008, with 88 countries implementing activities through the Child-Friendly Schools initiative. Although water, sanitation and hygiene in schools is not a Millennium Development Goal target, stakeholders have prioritized programmes to address it.

42. Children's health received some unusual setbacks from the events in 2008 that called for an important emergency response. Cluster approaches shaped health and nutrition interventions in 70 emergency-affected countries, and water, sanitation and hygiene interventions in 40 countries. The bulk of response efforts and resources were geared to preventing the outbreak of cholera and nutritional deterioration, provision of safe water and sanitation and hygiene promotion.

B. Providing quality education

43. The Education for All initiative, Millennium Development Goals 2 and 3, and world fit for children goals 2, 3 and 4, all share a common vision of ensuring quality primary and secondary education for all children. Past efforts resulted in the school enrolment of 85 per cent of children of primary-school age, but 75 million children are still not enrolled. Countries in sub-Saharan Africa account for 52 per cent of out-of-school children. Less than 63 per cent of pupils reach the last grade of primary school in 17 sub-Saharan African countries and 78 per cent reach the last grade in half the countries of South and West Asia. There continues to be a shortage of teachers: an estimated 18 million additional primary school teachers are needed to meet the 2015 goals. Though gender disparities declined in favour of girls,[8] the parity achieved was mainly at the primary level. Only 37 per cent of countries achieved parity at the secondary level, compared with 63 per cent at the primary level. Gender enrolment gaps remain large across much of South Asia and Africa. Adult illiteracy remains a challenge, with an estimated 800 million adults, or 1 in 5, unable to read. Illiteracy is worse for women (1 in 4), whose level of literacy strongly influences children's education and contributes to girls' empowerment.

44. Access, equity and quality continue to be the keys to advancement in the field of education. Access to primary school for the remaining 15 per cent of children continues to be hampered by persistent disparities and diverse forms of exclusion and discrimination based on gender, ethnicity, rural or urban location, income

[8] In 2006, of the 176 countries with data, 59 had achieved gender parity in both primary and secondary education — 20 countries more than in 1999. At the primary level, about two thirds of countries had achieved parity. However, more than half the countries in sub-Saharan Africa, South and West Asia and the Arab States had not reached the target (United Nations Educational, Scientific and Cultural Organization, *Education for All Global Monitoring Report 2009*, summary).

differentiation and social status. Girls face double risks owing to factors such as parental preference for sons, concerns for the girls' security, and in some countries physical and sexual attacks on girls in and around school. Geopolitical conflict and other emergencies continued to disrupt children's education. Adding to the chronic barriers, fragile economies and weakened household incomes in 2008 posed further risk of children either not enrolling or dropping out. The Committee on the Rights of the Child devoted its 2008 day of general discussion in September 2008 to articles 28 and 29 of the Convention dealing with the right to education, focusing upon the education of children in emergency situations and made specific recommendations to further strengthen efforts to make education a priority and an integral component of humanitarian relief and response in emergency situations.

45. With affordability a key barrier to education access, more Governments lent support to free public primary education. The successful Latin American approach, with cash transfers made conditional on school attendance and health visits, guided several initiatives. Mexico's well-known *Oportunidades* programme, one of the largest based on cash transfer, is now being applied on a pilot basis in other settings, including in New York.[9]

46. To reduce disparity in access, more countries set up focused interventions for girls' inclusion, which contributed to impressive increases in enrolment and completion rates for girls in several countries in Africa and South Asia. Challenges related to violence in and around schools, especially against girls, continue to be an impediment in several countries. Partnerships for the United Nations Girls' Education Initiative in 41 countries continued to promote educational equity for girls. Education planning is becoming more gender-inclusive. The number of national education plans in programme countries that include measures to reduce gender disparities increased from 58 in 2005 to 87 in 2008. For disadvantaged and underserved children, greater support was evident, with 110 programme countries in 2008 incorporating measures to reduce disparities due to poverty, ethnicity and disability in their education plans.

47. Interventions promoting quality education, including School Readiness and Child-Friendly Schools, were scaled up to cover more countries and schools. The Child-Friendly Schools approach, incorporating interventions in safe water supply and sanitation, was particularly effective in increasing school enrolment and attendance.

48. Pre-primary or early childhood education has progressed slowly. Pre-primary gross enrolment ratios in 2006 averaged 79 per cent in developed countries and 36 per cent in developing countries, and were as low as 14 per cent in sub-Saharan Africa. Efforts in early childhood development by Governments assisted by partners have led to some positive outcomes: 50 countries now have a national policy on universal school readiness and some have moved ahead with setting national standards (69 countries) and assessment tools (45 programmes) for monitoring school readiness.

49. Education at the secondary level is also characterized by slower expansion and is unable to meet the growing demand. In 2008, 185 million children of secondary school age were not enrolled at secondary level. Inequalities at the secondary school level affected rural and poor children the most, and boys more than girls in some

[9] *Education for All Global Monitoring Report 2009.*

countries in East Asia and Latin America. Intensified efforts to encourage both boys and girls to complete primary schooling and progress to secondary education are urgently required to prepare the next generation of productive adults. For bridging this huge gap between primary and secondary education, catch-up and second-chance programmes are required on a much larger scale. About 40 per cent of the 75 million children who were not in primary school in 2008 lived in conflict-affected areas, pointing to the immense responsibility and potential to step up enrolment.

C. Protecting against abuse, exploitation and violence

50. There was considerable progress in global support for children's rights. In addition to ratifications related to the Optional Protocols to the Convention on the Rights of the Child referred to earlier, 169 States ratified ILO Convention No. 182 (1999) concerning the prohibition of and immediate action for the elimination of the worst forms of child labour; 79 States endorsed the Paris Principles and Paris Commitments;[10] and 96 States have signed the Convention on Cluster Munitions, which supports humanitarian disarmament, including the ban of landmines and other indiscriminate, illicit weapons.

51. In November 2008, at the third World Congress against Sexual Exploitation of Children and Adolescents, 137 Governments (and others, including adolescents) committed to the time-bound goals of the Rio Declaration and Action Plan. The International Conference of Labour Statisticians in December 2008 approved the inclusion of household chores in the statistical definition of child labour, vastly increasing the potential to redress the absence of girls in child labour monitoring and policies. The Secretary-General issued a guidance note (September 2008) on the United Nations approach to justice for children, requiring all United Nations entities to take children into account in rule of law initiatives. This has major potential for influencing the status of children's rights in Member States and leading to a comprehensive justice for children approach. The Committee on the Rights of the Child, in its concluding observations, started to systematically recommend that State parties take all necessary measures to implement the recommendations of the Secretary-General's Study on Violence against Children. In May 2009 the Special Representative on Violence against Children was appointed to "act as a high-profile and independent global advocate to promote the prevention and elimination of all forms of violence against children".

52. In support of the above, efforts to incorporate child protection components in rule of law initiatives were undertaken in 49 or more countries. Child-sensitive and gender-appropriate police and court procedures and institutions were more evident. Even in conflict-affected areas, specialized units were established by Governments to respond to violence and sexual exploitation.

53. Expanded efforts were made to reduce the number of children deprived of liberty through diversion from judicial proceedings. Mediation, community service, probation, life skills programmes, counselling or family group conferencing were

[10] The Paris Commitments, consistent with existing international legal standards and addressed to States, define measures to protect children involved in hostilities and help them reintegrate into their families and communities, while the complementary Paris Principles, addressed to practitioners, provide detailed programme guidance.

put in place as viable and desirable alternatives to incarceration and institutionalization. Alternative care was promoted by more than 50 programme countries, often providing an entry point for strengthening the overall child protection system.

54. To promote child protection and gender equity, Governments in 56 programme countries implemented gender-sensitive programmes addressing social conventions and norms that contribute to violence, exploitation and abuse. A total of 46 countries incorporated child protection related to emergency preparedness and response into national planning mechanisms, and 30 other countries were in the process of doing so. Some 55 countries have included sex-disaggregated data on child protection indicators in their most recent national report to the Committee on the Rights of the Child. In addition, 35 programme countries have started conducting gender analysis of the key child protection indicators.

55. Social protection provisions were initiated or strengthened in 38 programme countries in 2008. Efforts to reach orphaned children also picked up momentum but remained far short of need. Only 10 per cent of the estimated 133 million orphans receive public support or care services within their communities. In response to the economic crisis, greater attention was given to migrant children being adversely affected by the increased job losses and reduced remittances among migrant families. There are multiplier effects in linking child protection to the other three areas of world fit for children-related work. Accordingly, coordination with the education and health sectors improved in several countries in Latin America, resulting in improved prevention and detection of cases of violence, exploitation and abuse against children in these sectors.

56. National and transnational interventions regarding exploitative practices undertaken in the Latin America and Africa regions helped to deal with victims and perpetrators in a more coordinated way, enabling improved tracking and repatriation of children, and ensuring procedures more respectful of child rights and dignity. Child rights advocates in Europe are focusing on creating a broader legal framework for addressing child trafficking and a new coalition of police, Internet providers, credit card companies and non-governmental organizations to tackle the growing flow of child pornography distributed online.

57. The changing nature of armed conflict and the proliferation of armed groups involving a variety of non-State actors is a growing concern. In 2006 it was estimated that there were 250,000 unlawfully recruited children associated with armed forces and armed groups, and millions more affected by the impact of conflict. Politically, this challenge is addressed through United Nations accountability mechanisms and through the ministerial Follow-up Forum to the Paris Principles. These efforts have led to some success in the development of action plans and the release of children from armed groups in Burundi, the Central African Republic, the Democratic Republic of the Congo, Sri Lanka and the Sudan and most recently, in commitments for the release of children by an armed group in the Philippines. Efforts were made to reintegrate children through child disarmament, demobilization and reintegration programmes in 13 countries.

58. Adopting a systemic social transformation approach is proving effective in addressing customary violence against children and women. Several countries in Africa achieved significant progress in 2008 in tackling female genital mutilation/cutting by changing policies and legal frameworks, training health

workers and mobilizing entire communities and influential leaders as partners for social change. Launched in 2008, a joint programme of the United Nations Population Fund and UNICEF on Accelerated abandonment of female genital mutilation/cutting within a generation (2008-2012) is bringing stakeholders together to achieve the goal.

59. Child marriage and child labour continue to defy solution in a number of countries. The world fit for children goal is to end early and forced marriage by 2010. The goal will not be achieved unless countries enact and strictly enforce laws regulating the minimum age at marriage and use targeted community mobilization and auditing, especially among high-risk communities and population groups. The same applies to child labour. Currently more than 200 million children (100 million of them girls) are labourers, doing work that is damaging to their mental, physical and emotional development. Sub-Saharan Africa, with 26.4 per cent of its children at work, has the highest child work ratio in the world. In 90 countries, Governments along with ILO and global and national partners, are working to eliminate the worst forms of child labour by 2016, but the progress towards the goal is slow. Countries have limited capacity to protect children against all forms of abuse, including child labour.

60. Some promising efforts were made in 2008, such as those addressing child labour in the cotton, cocoa or other industries. Success in addressing child labour is associated with improved corporate social responsibility initiatives and steady, constructive interface with trade unions, small-scale business owners and employers, community opinion makers, youth leaders and public interest groups. Conditional cash transfers and other social protection provisions that strengthen family earnings have been effective in averting child labour and educational exclusion of children, but they are so far inadequate in relation to need. According to ILO, the economic downturn is reversing some of the gains made earlier in lowering child labour incidence. Registration at birth, which has yet to become free and universal, remains indispensable to tackling early marriage, child labour and the violation of other entitlements of children.

61. A welcome development in the global response is greater recognition of the direct link between child labour and youth employment. Programmes that reflect this continuum between child labour prohibition and youth employment promotion measures will help to achieve the double goal of protecting children's right not to work, while ensuring youths' right to work.

D. Combating HIV/AIDS

62. In 2008, which marked the twentieth year of the inception of World AIDS Day, children younger than 15 years of age constituted about 14 per cent of new global HIV infections, 14 per cent of AIDS deaths and 6 per cent of the people living with HIV. About 90 per cent of the estimated 2.1 million children living with HIV were in sub-Saharan Africa. An estimated 15 million children across the world had lost one or both parents to AIDS and large numbers experienced or risked abandonment, social isolation and economic destitution.

63. Women accounted for more than 60 per cent of all infections in sub-Saharan Africa compared with about 50 per cent in the world as a whole. Young women (15-24 years) in sub-Saharan Africa remained particularly vulnerable to infection

partly due to early marriage, or to early or forced sexual initiation. More than 90 per cent of children who are HIV positive were infected through their mothers.

64. Ongoing efforts have resulted in higher coverage levels and there are signs of the epidemic stabilizing in terms of fewer new infections. In 2007, the number of people newly infected declined for the first time, from an estimated 3.0 million to 2.7 million. An estimated 1.5 million of the 115 million births per year in low- and middle-income countries are to mothers living with HIV. Just 18 per cent of pregnant women in these countries were tested for HIV. Of pregnant women living with HIV, only 12 per cent had access to antiretroviral treatment for their own health (2007). Children on treatment represent only a small proportion of those who need it.

65. The global response to AIDS, supported by the alliance of co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS), is focused on expanded coverage of the four-pronged strategy of prevention of mother-to-child transmission of HIV: primary prevention of infection among adolescents and young people; prevention of unintended pregnancies among women infected with HIV; prevention of HIV transmission from an infected mother to her child, including the provision of paediatric treatment; and protection and support for children and families affected by HIV and AIDS. Emphasis is also placed on improved knowledge of the epidemiology of HIV, on the diversity of children affected by it, and on geographic, social and cultural settings in which it occurs. Pairing "Know your epidemic" with "Know your child" approaches is helping to improve understanding about how the epidemic spreads, which children are most vulnerable and which means of communication is most effective to reach children.

66. Increased advocacy, communication and resource mobilization efforts undertaken in 2008 are mobilizing support for the scale-up of early infant HIV diagnosis, leading to increased access by children in many countries. The key barrier to paediatric care is the limited capacity of service providers to diagnose children early enough and to ensure access to life-saving drugs. Early infant diagnosis provided during prevention of mother-to-child transmission interventions has only 8 per cent coverage globally. The cotrimoxazole preventive therapy, a cost-effective, critical intervention, reaches only 4 per cent of HIV-exposed children. On the other hand, where interventions have increased to near universal coverage (with prevention of mother-to-child transmission reaching over 75 per cent), as in Argentina, Botswana, Georgia and the Russian Federation, the outcomes are inspiring.

67. The broader, integrated approach is also evident in medical and health-care interventions. To expand coverage, the focus increasingly is on integrating prevention of mother-to-child transmission and paediatric AIDS treatment into maternal, newborn and child health and primary health-care systems. In Central Asian countries that already have strong maternal and newborn child health-care systems, prevention of mother-to-child transmission and paediatric HIV care and treatment were fully integrated into maternal and newborn child heath care in 2008. In countries with limited access to antenatal care facilities, as in South Asia, the focus is increasingly on high-risk groups. In such difficult settings, a high priority is primary prevention for women of childbearing age.

68. Comprehensive knowledge among youth (15-24 years) about HIV and how to avoid transmission was estimated at about 30 per cent among males and 19 per cent

among females in developing countries.[11] Promoting HIV knowledge and services for young people is now a component of the national HIV strategic plans of 22 countries in West and Central Africa. Furthermore, 79 countries have integrated HIV and AIDS education into the national curriculum at the secondary level. Several countries in Central and Eastern Europe and the Commonwealth of Independent States region have included interventions for most-at-risk adolescents as part of their national AIDS strategies and operational plans. Latin American and Caribbean countries issued an historic declaration at the 2008 First Meeting of Ministers of Health and Education to Stop HIV in Latin America and the Caribbean, pledging support to multisectoral strategies to provide comprehensive sex education as part of school curricula, as well as activities and services to promote sexual health. Further efforts for education in HIV prevention will need to focus on the large numbers of out-of-school children and adolescents and on other excluded children and youth.

69. Greater focus in prevention and education is also being given to reaching young girls aged 15-17 who show lower prevalence levels than women in their early twenties. Girls and women are facing gender-based violence, including rape, by family members as well as acquaintances and strangers. This may be exacerbated in situations of armed conflict. Boys may also face sexual and other forms of violence in conflict and normal settings. The potential for young and adult men to play an active role in cutting the cycle of violence and in preventing transmission of HIV needs to be used. There is also a need for accelerated action to tackle substance use, which poses a growing risk of HIV infection in many countries — developed and developing — where AIDS is not otherwise widespread.

70. For an effective global response to HIV, the linked efforts of Governments and development partners continue to be critical. Through leveraging resources and mutual strengths and developing joint plans and programmes, many partners are playing a key role. These include UNAIDS; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the President's Emergency Plan for AIDS Relief (United States of America); the Bill and Melinda Gates Foundation; the William J. Clinton Foundation; and the International Drug Purchase Facility Committee (UNITAID). Greater harmonization in monitoring progress on HIV efforts is being achieved through the UNAIDS Monitoring and Evaluation Reference Group.

IV. The way forward

71. Climate change will have profound implications for the survival, development, protection and participation of children and of future generations. Food availability could be reduced as land and ocean food productivity patterns shift and species diversity declines. Water availability will change and become too abundant in some regions and much reduced in others. Some coastal populations will be forced to move because of the rising sea level. Large-scale, forced migrations driven by abrupt climate change and natural disasters are also possible. Sustainable solutions will have to be developed, focused on addressing vulnerabilities and promoting resilience, not least among children, while ensuring that future generations will be able to meet children's needs.

[11] United Nations Children's Fund, *The State of the World's Children*, 2009.

72. Accelerating interventions to reduce maternal and child mortality and improving equity in coverage of services will remain key priorities for promoting healthy lives. Progress is hampered by the fragile capacity of many health systems, lack of skilled care for women and children at critical times, as well as nutritional insecurity. Improved maternal and newborn health, community case management of common illnesses, malaria prevention and treatment, preventing malnutrition and securing clean water and safe sanitation will be critical areas of focus. The greater integration of health systems with disease control campaigns is also required.

73. Gender equality and equal access for excluded children will remain priority goals in education. In addition to the promotion of free education and enhanced social protection, the quality of education will have to be addressed to motivate children to come to school and to ensure their continued learning. Higher investment in basic education and in integrating out-of-school children will also be major priorities. Further efforts are needed to strengthen learning among children in emergency, reconstruction and post-emergency situations.

74. Considerable challenges remain in protecting children against all forms of violence, exploitation and abuse. Strengthening parenting skills and existing systems to prevent and tackle crimes against children, making justice and social protection systems more respectful of children's dignity and best interests will remain key areas of focus. The improvement of health systems remains critical to scaling up prevention of mother-to-child transmission and providing paediatric HIV care. Improved detection, reporting and follow-up will be necessary to safeguard the lives of women and children living with HIV.

75. As part of strategies to bridge the wide gaps that persist in access to basic services, there is a need to support families through improved safety nets and social protection. International support for building the key capacities of national partners for achieving the international goals for children and fulfilling their rights, will continue to be major priorities for the international community in the coming years.